#### **Entry Blank—Please Type or Print**

Pkg Rm Table

Entry blank-	-Please Type	or Print		Tablo
Ms./Artist Mr./Artist	TOM	WEB	8	,,,,,,
Permanent 6	86 IN.	MARKE	r#Z	(last name last)
Address	Street	City		1/1/2/2
44303		Daytime Tel. (		75-596
Zip			area	
Temporary or Studio Address	00 N.	HIGH -	ST.	AKE
4430		Daytime Tel.		
Zip			area	
	sently live in one o county were you b	of the counties of toorn?	he Western	
Collaborator (if ar	iy)			
Artist will pick  Museum shou	up at Museum.	ed or are not sold: artist's expense:		
	Street			
City	State			Zip
Special Instr	uctions			
Entry Blank must be accepted.	be completed in f	full and signed; for	ms received u	insigned will not

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

I have received the unsold/unaccepted object(s) in good condition.

Signature \_\_\_\_\_

# **Entry Blanks**

Detach entire portion along dotted line and submit with slides, but retain tags

A Pair		☐ Graphics ☐ Crafts	□ Pho	tograph (specify	ny / category)
Materials used (medi	a): 571	ZENE, CA	S WO	ESIN	1
Title OPCHAR	OF L		DISAST	er,	
Price or NFS	Insurance V if NFS Only	alue	Size LOUX height x v		
	GRAPHICS AI	ND PHOTOGRA	PHY ONLY		
Additional No. For Sale	Total No. in Edition	Price o Unfra	of Print med		ce of me Only
ACCEPTED	DO NOT W	RITE IN THIS	SECTION	AC	CEPTED
NOT ACCEPTED	3	57 obc	SC	NOT A	ACCEPTED
B Pain	9	☐ Graphics ☐ Crafts	□ Pho	tograph (specify	ny y category
Materials used (medi					
Title CVT /		NN. (	ABI	IRNI	NG
Price or NFS	Insurance V If NFS Only	alue	Size 4 × height x	. <b>28</b> "	×44'
	GRAPHICS A	ND PHOTOGRA	PHY ONLY		
Additional No. For Sale	Total No. in Edition	Price Unfra	of Print med		ce of ame Only
ACCEPTED		T WRITE SECTION	ACCEP	TEO	REC'D
NOT ACCEPTED	77/	- 2	NOT ACC	EPTED	DATE

1989 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106



TOM WEBB

Name

686. W. MARKET #Z

Address

AKRON OH 44305

City & State

Zip

## Notification #1

Do Not Detach

☐ Paintings Sculpture

☐ Graphics ☐ Crafts

☐ Photography

Title OPCHARD. FRUITS OF DISASTER LABORS OF LOYE

• ACCEPTED	NOT ACCEPTED
	X

Do Not Detach

☐ Paintings X Sculpture □ Crafts

☐ Graphics

☐ Photography

Title CUT AND RUN. (A BURNING QUESTION )

TMPORTANT

(TUES.-FRI.) MAY 22 - 26

1989 MAY SHOW The Cleveland Museum of Art Cleveland, Ohio 44106

Name
686. W. MARKET #2

Address

AKRON OH 44303

City & State

Zip

### Notification #2

Do Not Detach

/		
=	-	
	- 1	ı

☐ Paintings X Sculpture ☐ Crafts

☐ Graphics

☐ Photography

Title ORCHARD . FRUITS OF DISASTER, LABORS OF LONE

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
		10

Do Not Detach

☐ Paintings **X** Sculpture

☐ Graphics ☐ Crafts

☐ Photography

Title CUT AND RUN. (A BURNING QUESTION)

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
(4)-25	X	

Return of Objects

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.

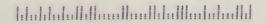
THIS IS YOUR ONLY RECEIPT TO CLAIM YOUR OBJECT





Tom Webb 686 W. Market #2 Akron, Ohio 44303

The Cleveland Museum of Art 11150 East Boulevard Cleveland, Ohio 44106



Just a reminder that pick-up week for May Show purchases is August 15 through August 19, 1989, from 9:30 am to 4:30 pm. Come to the Service Entrance of the Museum and be sure to bring your copy of the sales slip with you.

Participating artists should pick up work during this week.

If this is not a convenient time for you, please let us know. The May Show office closes August 25, 1989.

Tom Hinson Curator of Contemporary Art

421-7340

Ext. 116